

## Chris Aquino

---

**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, March 06, 2015 2:07 PM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 1354, Carrier Name: St. Johns Community Services (District of Columbia)  
**Attachments:** 54f9fade66f7c-2015 Vehicle List for WMATC.pdf

---

### Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

---

#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 1354

**Name of Carrier (as shown on certificate of authority):** St. Johns Community Services (District of Columbia)

**Trade Name:**

**Principal Place of Business**

**Street Address:** 2201 Wisconsin Avenue

**Apt./Suite:** C120

**City:** Washington

**State:** DC

**Zip:** 20007

**Mailing Address (if different from street address)**

**Street:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (202)274-3460

**Other Telephone:**

**Fax Number:** (202)337-5459

**E-mail:** [BLoyd@sjcs.org](mailto:BLoyd@sjcs.org)

**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):

**USDOT No.:**

**DCTC No.:**

**Virginia DMV passenger carrier No.:**

**Maryland PSC No.:**

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Bill Loyd

**Title:** State Director

**Telephone Number:** (202)274-3460

**Other Telephone:**

**Fax Number:** (202)337-5459

**E-mail:** [BLoyd@sjcs.org](mailto:BLoyd@sjcs.org)

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**5. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

None

**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Bill Loyd

**Title:** State Director

**Date:** 03/06/2015

St. John's Community Services Vehicles							
Fleet No.	Model/Year	Make	Vehicle Vin	License Plate No.	State	Seating Capacity	Wheelchair Lift or Ramp
HZS565	*Ford 2003	*E25	1FTNE24283HA46017	B41446	DC	6 pass incl/driver	Lift
HZV364	Chevrolet 2008	Express Cutaway	1GBJG316481138073	B41889	DC	10 pass incl/driver	No
HZS566	*Ford 2003	*E25	1FTNE24223HA48071	B42743	DC	5 pass incl/driver	Lift
HZ0B71	Dodge 2009	Grand Caravan	2D8HN44E39R644792	B43381	DC	7 pass incl/driver	No
HZ0B72	Dodge 2009	Grand Caravan	2D8HN44E19R644791	B43441	DC	7 pass incl/driver	No
HZ3H66	Dodge 2012	Grand Caravan	2C4RDGBG3CR110775	B45084	DC	7 pass incl/driver	No
HZ3H97	Dodge 2012	Grand Caravan	2C4RDGBG5CR110776	B45095	DC	7 pass incl/driver	No
HZ3G78	Dodge 2012	Grand Caravan	2C4RDGBG4CR251144	EB7717	DC	7 pass incl/driver	No
HZ3G77	Dodge 2012	Grand Caravan	2C4RDGBG0CR244014	EB7718	DC	7 pass incl/driver	No
HZ7H42	Dodge 2013	Grand Caravan	2C4RDGBG0DR563155	EF1135	DC	7 pass incl/driver	No
HZ7H43	Dodge 2013	Grand Caravan	2C4RDGBG6DR542052	EF1136	DC	7 pass incl/driver	No
HZ7N50	Dodge 2013	Grand Caravan	2C4RDGBG0DR463163	EJ3528	DC	7 pass incl/driver	No
	Chevrolet 2014	Express 3500	1GAWGRFG8E1197122	B45215	DC	7 pass incl/driver	No
HZ8B82	Ford 2010	E35C	1FTDS3EL9ADA67416	C74997	DC	7 pass incl/driver	No

Washington Metropolitan
   
 Area Transit Commission